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BIBLIOTHECA MEDICA CANADIANA



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INFORMATION FOR CONTRIBUTORS/ADVERTISSEMENTS AUX AUTEURS

The Bibliotheca Medica Canadiana is a vehicle for providing increased communication among all health libraries and librarians in Canada, but has a special commitment to reach and assist the smaller, isolated health library worker. Contributors should consult recent issues for examples of the types of material and general style sought by the publication. Queries to the editors are also welcome. Bibliographic references should conform to the format used in the Bulletin of the Medical Library Association whenever possible. Submissions in English or French are welcome, preferably in both languages.

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Bibliotheca Medica Canadiana veut améliorer la communication entre toutes les bibliothèques eux-mêmes mais plus particulièrement rejoindre et aider ceux qui oeuvrent seuls dans les petites bibliothèques. La rédaction recevra avec plaisir commentaires et opinions. A ceux qui voudraient participer à la rédaction, on suggère de suivre pour les références bibliographiques le format utilisé dans le Bulletin of the Medical Library Association. Les articles, en français ou en anglais sont les bienvenus, mais il serait préférable de les rédiger dans les deux langues.

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CUMULATIVE INDEX TO NURSING & ALLIED HEALTH
LITERATURE (CINAHL)

FROM THE EDITORS

As most BMC readers know, the Canadian Council on Hospital Accreditation has the responsibility for evaluating health care facilities and granting awards. The 1983 C.C.H.A. Standards introduced into existing monitoring processes the concept of quality assurance, a continuous, internally-administered examination of the effectiveness of a facility in achieving its stated goals. 1986 marks the year when Canadian hospitals must implement Q.A. programs if they wish to attain a high level of accreditation from the C.C.H.A.

It is fitting therefore that BMC should publish now a report and survey of Canadian hospital library services. The survey is one of a series aimed at identifying major services provided by various kinds of special libraries. As such it does not address some of the peculiarities of hospital libraries as Anitra Laycock and Margaret Taylor discovered in reviewing the document for this issue. Nonetheless it is the most comprehensive survey that we now have and should provide an excellent vehicle for hospital librarians to examine the quality of their user services. The Editors of BMC would be pleased to publish any responses from the hospital library community to Ms. Anderson's report.

Jan Greenwood
Editor

Tom Flemming
Assistant Editor

* * * * *

A WORD FROM THE PRESIDENT

Diana Kent

Growth in any organization is usually followed by change, and change can stimulate growth. CHLA/ABSC has been undergoing this process of growth and change over the years. If changes are well planned they should prove to be a positive force in strengthening the Association's effectiveness and efficiency.

Appointed committees on various subjects (constitution, classification, publications) were established and dissolved when they were no longer found to be necessary or useful. Currently, a review of the Education Committee is in progress in order to improve its performance and effectiveness within the Association.

Although the number of members has increased, the costs of producing the **Bibliotheca Medica Canadiana** have also risen. These costs for the **BMC** have been substantially subsidized in the past by the Editors' organizations but this will probably not continue indefinitely. Other remuneration to defray these costs must be found. CHLA/ABSC has been approached by several publishers who wish either to buy advertising in the **BMC** or to purchase/(or rent) the membership list mailing labels. The Board of Directors is looking into the pros and cons of this potential source of revenue.

Additional expenses have been incurred because of CHLA/ABSC's increasing involvement with other organizations. If we just sat back and did nothing it would be much less expensive, but that would prove neither stimulating nor conducive to the Association's professional development. CHLA/ABSC has, for example, recently contributed seed money for the production of an oral history project in Canadian medical librarianship.

Strategic planning has been implemented by many organizations and institutions in order to respond to the changes facing them, and I believe that it is time for CHLA/ABSC to follow suit. Strategic planning will provide a focus for the future, replacing ad hoc decision making with systematic, pro-active decision making, and increasing coordination among the components of the Association.

Last Autumn, I wrote to all the Chapter presidents asking them to consult with their executives and members, and to forward to me their ideas and opinions about long-term objectives for CHLA/ABSC. The response has been excellent and it is now up to the Board to respond appropriately so that the Association can continue to grow and change, to change and grow.

UN MOT DE LA PRÉSIDENTE

Diana Kent

La croissance de tout organisme comporte normalement des changements et les changements peuvent stimuler la croissance. L'ABSC/CHLA a connu ce processus de croissance et de changement au cours des années. Lorsque les changements sont bien planifiés, ils devraient constituer une force positive et rehausser l'efficacité et le bon fonctionnement de l'Association.

Différents comités (statuts, classification, publications) ont été établis et dissous quand ils ont cessé d'être nécessaires ou utiles. On réexamine actuellement le comité de l'éducation afin de lui donner un meilleur rendement et une plus grande efficacité au sein de l'Association.

Même si le nombre de membres a augmenté, les frais de production de *Bibliotheca Medica Canadiana* ont également augmenté. Dans le passé, ces frais ont bénéficié de subventions appréciables des organismes où ont travaillé les rédacteurs, mais ce ne sera probablement pas toujours le cas. Il faut trouver d'autres façons de couvrir ces frais. L'Association a reçu des demandes de plusieurs éditeurs qui veulent soit acheter des annonces dans *BMC*, soit acheter (ou louer) les étiquettes-adresses de la liste de membres. Le Bureau de direction étudie le pour et le contre d'une telle source de revenus.

D'autres dépenses sont attribuables à la plus grande collaboration entre l'ABSC/CHLA et d'autres organismes. Rester là à ne rien faire coûterait bien moins cher, mais cela ne serait ni stimulant ni favorable à l'essor de l'Association. C'est ainsi que l'ABSC/CHLA a récemment versé une somme d'argent en vue d'un projet d'histoire orale de la bibliothéconomie médicale canadienne.

De nombreux organismes et établissements ont réagi à des changements de conjoncture en élaborant un plan stratégique, et je crois qu'il est temps que l'ABSC/CHLA fasse de même. Un plan stratégique servira de visée vers l'avenir, remplaçant les décisions ponctuelles par des choix systématiques et proactifs, tout en permettant de mieux coordonner les éléments de l'Association.

L'automne dernier, j'ai écrit à tous les présidents de section pour leur demander de consulter leur conseil et leurs membres, puis de me transmettre leurs idées et opinions au sujet des buts à long terme de l'ABSC/CHLA. La réponse a été excellente et il incombe maintenant au Bureau de direction de prendre les mesures qui permettront à l'Association de grandir tout en changeant, de changer tout en grandissant.

IN MEMORIAM: ELIZABETH MARSLAND

Verla Empey

**Director of Library Services
The Wellesley Hospital**

Elizabeth Marsland established The Wellesley Hospital Library in 1968 and was considered so indispensable that the hospital administration refused to accept her resignation. After several attempts Elizabeth threatened to retire without a successor and was thus finally able to retire on Dec. 31, 1976.

Elizabeth created a library that always received special commendations from the C.C.H.A. accreditation teams and from trainees assigned to the hospital. After her retirement she organized a departmental collection for the Limbic System Laboratory under Dr. Kenneth Livingston and provided a personal library service for him until shortly before she died. This enabled her to maintain an association with the hospital and with her many friends here.

Elizabeth died on October 1, 1985 and her family have requested that her friends make donations in her name to the Library Memorial Fund at The Wellesley Hospital, c/o The Development Office, 160 Wellesley St. E., Toronto M4Y 1J3.

* * * * *

NEW ASSOCIATION FORMED

On December 5, 1985 the Ontario Hospital Libraries Association (OHLA) was founded. Representatives from the twelve Ontario hospital regions elected the Association's first Executive at a meeting held in Toronto at the Ontario Medical Association. The members of the Executive are:

President	Verla Empey (Director of Library Services, The Wellesley Hospital, Toronto)
President-Elect	Margaret Taylor (Director of Library Services, Children's Hospital of Eastern Ontario, Ottawa)
Secretary	Linda Hill (Director, Shared Library Services, South Huron Hospital, Exeter)
Treasurer	Don Hawryliuk (Librarian, Sudbury General Hospital)

OHLA plans to hold its first one-day education program to coincide with the O.H.A. Annual Convention in Toronto, and hopes that in future years its Annual Meeting might form an integral component of that convention. OHLA is also requesting that the C.H.L.A. Board grant it some sort of affiliated status with C.H.L.A.

Membership forms were circulated on January 15 to hospitals throughout Ontario by means of the O.H.A. executive mailing. Ontario hospital library staff, and other interested in hospital library development in Ontario, are encouraged to join OHLA. For more information or membership forms please contact any member of the Executive or Jan Greenwood at the O.M.A.

SERVICES OFFERED BY HOSPITAL LIBRARIES IN CANADA
REPORT OF A SURVEY DONE IN 1985

Beryl L. Anderson

INTRODUCTION

In 1977, the Council of Federal Libraries (C.F.L.) conducted a survey, part of which was a list of services that might be offered to a library's users. The results of the survey - which covered libraries of various sizes and types of staff and in various subject fields - showed that, in each of three staff size categories used, there was a core of services offered by 90 percent or more of the libraries, and this core list grew larger as staff size increased. While the increase in number of services could be expected, the unanimity in type of service could not, and raised the question of whether a similar situation would occur among other groups of special libraries. Accordingly, surveys were conducted by the writer in 1982 and 1985 of other groups of government libraries (the largest group in the not-for-profit sector), of company libraries (for-profit sector) and hospital libraries (also classed as not-for-profit sector). With permission, the same list of services as in the 1977 C.F.L. study was used, and results of the surveys were examined to see whether such core lists could be identified. In addition, because the services within the six broad categories used were arranged roughly in order of increasing complexity or value on the basis of the increased staff participation required to provide the service, it was possible to test whether factors such as staff size and staff qualifications, or library subject orientation in a mixed group of libraries, would correlate with higher level services. In the case of hospital libraries, the latter did not apply but two other factors could be examined: whether the library was in a teaching hospital, and what the size of the hospital was, as determined by number of beds. In the tests described in this report, therefore, the hierarchy of services was provision of space, provision of materials (document delivery), bibliographic assistance and provision of information, among the "re-active" services; current awareness and user instruction among the "pro-active" services.

METHODOLOGY

By use of such hospital library directories as were available and of the Canadian Health Libraries Association membership list, over 200 hospital libraries staffed at least 15 hours a week (in effect, half-time) were identified and sent questionnaires. There were 157 responses, of which 152 were usable, and 75 non-responses. A comparison of the 157 respondents and 75 non-respondents, grouped according to hospital bed size, indicated that the percentages of the two in each hospital size group were comparable and in three of the five categories, almost equal. Consequently it was reasonable to proceed on the assumption that the respondents could be considered a representative group. Table 1 gives the figures for the responses, which came from all provinces except Prince Edward Island.

Table 1. Questionnaires sent and received, by province.

Province	Questionnaires sent	Number of replies	Percent response	Unusable
Alberta	15	13	86.7	
British Columbia	11*	8	72.7	
Manitoba	12	10	83.3	
New Brunswick	9	8	88.9	
Newfoundland	8	5	62.5	1
Nova Scotia	12(+3)**	11**	73.3	2
Ontario	91	62	68.1	2
Prince Edward Is.	1	0	-	
Quebec	65	35	53.8	
Saskatchewan	8	5	62.5	
Total	232(+3)**	157**	66.8	5

* Included one duplicate

** Responses were received from 3 extra libraries

Identification of teaching hospital libraries was made by using the list of members of the Association of Canadian Teaching Hospitals found in the **Canadian Hospital Directory, 1984**; bed size was taken from the same directory. Staff size was established in terms of full-time equivalents (F.T.E.), treating those working 15 to 29 hours a week as half-time, and those working less than 15 hours, quarter-time. Qualifications were as specified by the respondents: professionals (i.e. with library science degrees), specialists, library technicians (i.e. graduates of a technician programme), clerical, and other - this last category covering both non-library qualifications and the services of volunteers.

The measure of correlation used to test the degree of relationship between sub-groups was Kendall's tau, a measure of rank correlation. The measure used to test both the relationship and its direction was Yule's Q. Tau was calculated **on the basis of responses in all service categories**, unless otherwise stated; Q was calculated using the **total response in a broad category of service**, e.g. total document delivery responses versus total bibliographic assistance responses. A caveat has to be entered concerning provision of information responses. The service "state-of-the-art reviews" was obviously misinterpreted by many libraries, with the result that this response was unusable. These analyses of very exhaustive literature searches require a high degree of expertise in the reviewer and sufficient staff to provide other services while the report is being prepared; they are not something that could be embarked upon an average of once a month (the criterion for a yes response) by a small library.

DEFICIENCIES IN THE SURVEY

The preceding statements illustrate one of the problems with all questionnaires; possible misunderstanding of the questions, or possible local meanings unknown to the researcher. This is especially true when, as with this survey, it was not possible to send a list of explanations and definitions. Again, this type of simple checklist precludes inclusion of questions that could be used to double-check consistency of responses. There is also a danger that services may be either inflated or under-played, or the stated criterion for a positive response overlooked. Lack of time and money, moreover, ruled out any attempt at a follow-up. This said, the fact remains that a considerable degree of consistency emerged from the responses, indicating that it is possible to place some reliance on the results.

BASIC SERVICES OFFERED BY 90 PERCENT OR MORE OF THE TOTAL SAMPLE

Table 2 gives a complete listing of the number and percentage of libraries offering each service directly, and the number and percentage providing the service through the agency of another library. While a fair number of hospital libraries were able to supplement direct services by services obtained elsewhere, the tables and calculations which follow have dealt only with directly offered services in order to produce tables comparable to those in other survey reports. The apparently greater reliance by hospital libraries on services obtained elsewhere possibly reflects the close relationship that in many cases exists between the hospital library and a nearby medical school library or even, as in British Columbia, an association which offers services. Consequently, the picture of service presented by the tables can be considered conservative. A good example is Service no. 7, Production of microforms. No library offered it directly, but 25 regularly obtained it through another agency.

The core list of seven services offered directly by 90 percent or more of the libraries expanded to nine when indirect services were added. The lists in rank order are:

<u>Service number</u>	<u>Services provided directly</u>	
1	Seating	100.0
9	Simple reference	100.0
13	Locating requested items	99.3
4	On-site use of materials	98.0
5a	I.L.L.	95.4
5	Borrowing	94.1
16	Manual literature searches	92.8
	Total services	7

<u>Service number</u>	<u>Services provided with the aid of another source</u>	
1	Seating	100.0
5a	I.L.L.	100.0
9	Simple reference	100.0
13	Locating requested items	99.3
4	On-site use of materials	98.0
10	Complex reference	96.7
16	Manual literature searches	96.1
5	Borrowing	94.7
6	Photocopying (non-I.L.L.)	92.1
	Total services	9

The service most frequently obtained from outside sources was, not surprisingly, automated literature searches (46.1%). Other such services noted by 10 percent or more of the libraries were group study rooms (14.5%), production of microforms (16.4%), translations (18.4%), and automated S.D.I. (17.1%).

The services least frequently provided by the libraries themselves were production of microforms (offered by none), translations, S.D.I., indexing newspapers, and abstracting.

SERVICES ACCORDING TO SIZE OF STAFF

Staff size is an obvious factor affecting the services offered by libraries. The staff size categories used in the 1977 C.F.L. survey were 0.5-4.9; 5-14.9; and 15 or more staff. These proved quite unsuitable for hospital libraries, among which all but twelve fell into the first category, and no library had a staff as large as 10. The important breakdowns for this group, therefore, were 0.5-1.9 (n=89) and 2.0-9.9 (n=63). The list which follows gives the number of respondents in each size category; Table 3 gives complete figures for the size ranges used for comparison. Note that libraries with fewer than one half-time staff member have been excluded from the tabulations throughout.

Staffing of hospital libraries in Canada

<u>Number of staff</u>	<u>Number of libraries</u>	<u>Cumulative percent</u>
Less than 1/2 time	5	Excluded
Half-time	17	11.2
More than 1/2 time but less than 1 FT	3	13.2
1 only	37	37.5
More than 1 but less than 2	32	58.6
2 only	20	71.7
More than 2 but less than 3	11	78.9
3 only	3	80.9
More than 3 but less than 4	7	85.5
4 only	4	88.2
More than 4 but less than 5	6	92.1
5 to less than 10	12	100.0
Total	152	

A comparison of the columns in Table 3 shows clearly that number of services offered increases - as one would expect - when staff size increases. A closer inspection would also show that the added services included higher level services (e.g. complex reference) as well as the "pro-active" services, current awareness and user orientation. Current awareness services, it should be noted, appear in the core list only for libraries with five or more staff. Figure 1 charts the comparison.

SERVICES ACCORDING TO TYPE OF STAFF QUALIFICATION

Another factor which would affect services is staff qualifications. When respondents were grouped according to qualification and the specialist, library technician, and clerical/other groups were correlated with the professional group over all services using Kendall's rank correlation co-efficient, tau, the correlations were found to be high and significant, though that between professional and clerical was the weakest of the three. When number and level of service were analyzed, however, differences appeared.

Of the 152 libraries in the sample, 92 had trained librarians on staff, the number ranging from one part-time professional to three. Eighteen libraries listed specialists as their most highly qualified staff; numbers ranged from one part-time to 1.5 F.T.E. Twenty-seven libraries were run by library technicians, numbers ranging from one half-time to two full-time. Fifteen libraries listed clerical staff or others with non-library qualifications, the range being from half-time to one full-time. The services offered by the four groups of libraries are given in Table 4. Figure 2 shows the comparisons among the four core lists and also services offered by libraries with professionals versus the combined set of those without professionals.

Services uniquely offered by 90 percent or more of libraries with professional staff were complex reference, verification of citations, and library instruction. The clerical/other group was unique in including periodical routing in its core list, making it the only group with a current awareness service in its basic list.

It should perhaps be noted that the choice of 90 percent as the cut-off point for inclusion of a service in a core list was arbitrary - an attempt to get a strong affirmation for the offering of a service. A group of libraries wanting to set norms of service, or to evaluate their libraries on services offered, might be wise to choose 80 or 85 percent as the decision point, especially because the need to use percentages to achieve comparability is unfavourable to very small groups, where each member counts for disproportionately more than in a larger group. For that reason, the Professional/All other dichotomy probably yielded more soundly based core lists for libraries without librarians than the three smaller groups did by themselves.

Since the question of the value of library versus other qualifications frequently arises, two other sets of tests were carried out. In the first, the professional group was compared with the rest on level of service, e.g. whether bibliographic assistance or provision of information services were more likely to be emphasized in professionally staffed libraries than document delivery. The associations were in the predicted direction (i.e. more emphasis on information services in libraries with professional staff), but the Q values (.10, .11) were too low to be significant. When the two groups were compared to see whether bibliographic assistance or substantive information services were more emphasized, however, no difference was found between them.

The second test was feasible because there were sufficient responses in two size categories to permit a comparison of professionally staffed and other libraries in these groups alone; i.e. it was possible to control for size of staff and thus get a clearer contrast between types of staffing. The two groups were libraries with one F.T.E. staff (n=37) and those with more than one but less than 2 F.T.E. staff (n=32). In all cases, the associations between professional staffing and higher level services were positive, but except for the associations with substantive information services (Q values of .12 and .10 respectively for the two size groups*), the associations were negligible, and the ones cited too low to be significant. The evidence, therefore, suggests that libraries with professionals get higher level services, but it is not conclusive.

* I.e. 1 F.T.E. and more than 1 but less than 2 F.T.E. staff. In both groups, professional staffing correlated with information provision; non-professional, with document delivery.

SERVICES OFFERED BY HOSPITAL LIBRARIES IN CANADA ACCORDING TO TYPE OF PARENT INSTITUTION

Two other factors needed to be considered for their possible effect on services offered by libraries: the type of hospital (teaching versus non-teaching) and the size of hospital as measured by number of beds. Figure 3 indicates the services which were offered by 90 percent or more of the libraries in the two groups, with the basic list added for comparison. The two groups differed, as other groups did, on number and level of services, the teaching hospitals receiving the extra services. But when compared on level of service emphasized, Q values were negligible, indicating the two did not differ significantly in that respect.

It may be noted that the list of basic services derived from the total responses coincided exactly with the list for non-teaching hospitals. This strengthens the suggestion that type of institution does have some influence on services offered by the library.

Bed size categories were based generally on those suggested in the 1975 **Canadian Standards for Hospital Libraries**, as revised for **Standards for Hospital Libraries in British Columbia**, 1982. Time did not permit the search necessary to establish the extra criteria for assigning hospitals to categories 1 and 2, so a simple bed size count was substituted. Five categories were therefore decided upon:

<u>Bed size</u>	<u>Number of libraries</u>
Fewer than 150 beds	17
150 - 299	29
300 - 499	51
500 - 699	28
700 and more	17
Unable to assign	<u>10</u>
Total	152

Figure 4 shows in chart form the services provided by 90 percent or more of the libraries in each group. While in general the larger hospitals got more services, the 500 - 699 group was a definite anomaly, especially since a high proportion had professional staff, a factor which, as has been seen, tended to produce a greater number of services.

It should be noted, however, that services 10, 14 and 21 in this size category were all over 89 percent, and that one more response for each service would have resulted in a list of ten, including some of the higher level and extra services one would have predicted. One might also have expected more services in the smallest group, given the percentage with professional staffing; however, since 15 of the 17 had fewer than two staff members, staff size may have affected the result. It seems that, except insofar as larger institutions may be able to afford larger and better qualified staffs, the size of the parent institution may not be a factor in type of services offered. Table 5 gives percentages for staff size and number of professionals in each hospital size category; it is clear that there is little correlation between size of staff and size of institution, and the proportions of qualified staff likewise show little correlation.

SERVICES MOST REQUESTED BY LIBRARY USERS

The purpose of this part of the questionnaire was to elicit some suggestions as to whether users' most frequent requests matched the types of services most commonly offered. Table 6 gives numbers and percentages of replies. Six services received no mention at all: production of microforms, translations, S.O.I., newspaper indexing, library promotion and publications. Nine services were mentioned by 20 percent or more of the libraries: interlibrary loan, simple reference, locating requested items, manual literature searches, borrowing, non-I.L.L. photocopying, automated literature searches, complex reference and on-site use of materials. Routing periodicals (19.7%) was also close to 20 percent.

While the rankings of the requested services varied in the different sub-groups we have examined, there was less variation in number of services requested. Figure 5 charts these services. Interlibrary loan ranked first in all lists except that for clerically-staffed libraries; simple reference requests came second except in the library technician, clerical and teaching hospital lists. Thereafter, rankings varied considerably.

Four of the most frequently requested services were not among those in the core list for the whole sample. They were non-I.L.L. photocopying, complex reference, automated literature searches and routing of periodicals. It would appear that a fair number of libraries are not commonly supplying some of the more sophisticated reference and current awareness services that are wanted by their users.

CONCLUSIONS

The consistently high correlations, over-all, on types of services offered by the various sub-categories examined make it reasonable to conclude that in spite of variations in ranking, there is a fair degree of consistency among hospital libraries in the kinds of services they provide and the extent to which they provide them. When only the 90 percent core lists are considered, more differences appear. It can be considered fairly certain that an increase in staff size brings with it an increase in the number and level of sophistication of services offered and there is some indication as well that qualifications of staff and location in a teaching hospital also correlate with provision of more and higher level service offerings.

The evidence concerning levels of service is slighter. A research-oriented institution would, on the basis of other studies, be expected to favour document delivery and bibliographic services, while a more practice-oriented institution might be expected to prefer to get answers rather than citations. However, this latter distinction is less likely to prevail in a hospital library, probably, because of the practitioners' need to verify information at first hand. That is perhaps part of the explanation for the lack of any pronounced differences between the groups of reference or "re-active" services. The general neglect of current awareness and user orientation services is also noticeable; these, however, commonly appear among larger libraries, of which there were very few in the sample.

The findings of this survey will eventually be studied along with those of others to see what a broader perspective yields. Meanwhile, the results could be used as tentative norms for assessing to what extent a hospital library conforms to others in similar circumstances.

A copy of this report has been deposited with the Library Documentation Centre, National Library of Canada, Ottawa.

Table 2. Number and percent of libraries offering services directly or indirectly through another library

Service number	Type of service	Offered directly by library		Offered through another library		Total available	
		Number	Percent	Number	Percent	Number	Percent
1	Space provision	152	100.0	--	--	152	100.0
2	Seating for users	80	52.6	5	3.3	85	55.9
3	Group study or meeting rooms	59	38.8	22	14.5	81	53.3
4	Provision of materials	149	98.0	--	--	149	98.0
5	Use of materials on the premises	143	94.1	1	0.7	144	94.7
5a	Borrowing privileges	145	95.4	7	4.6	152	100.0
6	Interlibrary loans (I.L.L.)	129	84.9	11	7.2	140	92.1
7	Photocopying (other than for I.L.L.)	--	--	25	16.4	25	16.4
8	Production of microforms	4	2.6	28	18.4	32	21.1
	Preparing or arranging for translations						
9	Provision of information	152	100.0	--	--	152	100.0
10	Simple reference questions	133	87.5	14	9.2	147	96.7
11	Complex reference questions	68	44.7	15	9.9	83	54.6
12	State-of-the-art reviews	110	72.4	15	9.9	125	82.2
	Referral to experts or other sources						
13	Bibliographic assistance	151	99.3	--	--	151	99.3
	Locating requested items within or outside the library						
14	Verifying citations	129	84.9	7	4.6	136	89.5
15	Compiling bibliographies	116	76.3	6	3.9	122	80.3
16	Manual literature searches	141	92.8	5	3.3	146	96.1
17	Automated literature searches	56	36.8	70	46.1	126	82.9
18	Editorial assistance	39	25.7	12	7.9	51	33.6
19	Informal instruction in methodology & bibliography	109	71.7	5	3.3	114	75.0

cont'd

(cont'd)

Service number	Type of service	Offered directly by library		Offered through another library		Total available	
		Number	Percent	Number	Percent	Number	Percent
20	Current awareness						
21	Preparation of accessions lists	121	79.6	4	2.6	125	82.2
22	Informal current awareness	122	80.3	4	2.6	126	82.9
23	Automated selective dissemination of information (S.D.I.)	29	19.1	26	17.1	55	36.2
24	Routing periodicals	117	77.0	3	2.0	120	78.9
25	Indexing - newspapers	14	9.2	11	7.2	25	16.4
26	Indexing - other materials	56	36.8	6	3.9	62	40.8
27	Abstracting	7	4.6	11	7.2	18	11.8
	Routing tables of contents of periodicals	101	66.4	3	2.0	104	68.4
28	User orientation						
	Provision of guides to library, collection & services	104	68.4	2	1.3	106	69.7
29	Instruction in use of library catalogues, services, tools, etc.	135	88.8	--	--	135	88.7
30	Promotion of library services	117	77.0	1	0.7	118	77.6
31	Publications	42	27.6	9	5.9	51	33.6

Table 3. Services offered by hospital libraries in Canada, according to size of staff

Service number	Type of service	Staff Size			
		0.5 - 1.9 (n = 89) No. %	2.0 - 9.9 (n = 63) No. %	0.5 - 4.9 (n = 140) No. %	5 or more (n = 12) No. %
1	Space provision				
2	Seating for users	89 100.0	63 100.0	140 100.0	12 100.0
3	Carrels for users	36 40.4	44 69.8	70 50.0	10 83.3
	Group study or meeting rooms	35 39.3	24 38.1	54 38.6	5 41.7
4	Provision of materials				
5	Use of materials on the premises	87 97.8	62 98.4	137 97.9	12 100.0
5a	Borrowing privileges	80 89.9	63 100.0	131 93.6	12 100.0
6	Interlibrary loans (I.L.L.)	83 93.3	62 98.4	133 95.0	12 100.0
7	Photocopying (other than for I.L.L.)	75 84.3	54 85.7	119 85.0	10 83.3
8	Production of microforms	-- --	-- --	-- --	-- --
	Preparing or arranging for translations	4 4.5	-- --	4 2.9	-- --
9	Provision of information				
10	Simple reference questions	89 100.0	63 100.0	140 100.0	12 100.0
11	Complex reference questions	72 80.9	61 96.8	121 86.4	12 100.0
12	State-of-the-art reviews	36 40.4	32 50.8	62 44.3	6 50.0
	Referral to experts or other sources	64 71.9	46 73.0	100 71.4	10 83.3
13	Bibliographic assistance				
	Locating requested items within or outside the library	88 98.9	63 100.0	139 99.3	12 100.0
14	Verifying citations	69 77.5	60 95.2	118 84.3	11 91.7
15	Compiling bibliographies	59 66.3	57 90.5	105 75.0	11 91.7
16	Manual literature searches	80 89.9	61 96.8	131 93.6	10 83.3
17	Automated literature searches	21 23.6	36 57.1	47 33.6	10 83.3
18	Editorial assistance	15 16.9	24 38.1	33 23.6	6 50.0
19	Informal instruction in methodology & bibliography	54 60.7	55 87.3	98 70.0	11 91.7

Service number	Type of service	0.5 - 1.9 (n = 89)		2.0 - 9.9 (n = 63)		0.5 - 4.9 (n = 140)		5 or more (n = 12)	
		No.	%	No.	%	No.	%	No.	%
20	Current awareness	67	75.3	54	85.7	110	78.6	11	91.7
21	Preparation of accessions lists	68	76.4	54	85.7	111	79.3	11	91.7
22	Informal current awareness	10	11.2	19	30.2	21	15.0	8	66.7
23	Automated selective dissemination of information (S.D.I.)	69	77.5	48	76.2	109	77.9	8	66.7
24	Routing periodicals	9	10.1	5	7.9	12	8.6	2	16.7
25	Indexing - newspapers	33	37.1	23	36.5	50	35.7	6	50.8
26	Indexing - other materials	4	4.5	3	4.8	7	5.0	--	--
27	Abstracting	57	64.0	44	69.8	93	66.4	8	66.7
	Routing tables of contents of periodicals								
28	User orientation								
29	Provision of guides to library, collection & services	56	62.9	48	76.2	92	65.7	12	100.0
30	Instruction in use of library catalogues, services, tools, etc.	76	85.4	59	93.7	123	87.9	12	100.0
31	Promotion of library services	64	71.9	53	84.1	105	75.0	12	100.0
	Publications	24	27.0	18	28.6	36	25.7	6	50.0
	Number of services offered by 90% or more of libraries	5		11		7		15	

Table 4. Services offered by hospital libraries in Canada, according to qualifications of staff

Service number	Type of service	Professionals		Specialists		Library technicians		Clerical and other	
		No.	%	No.	%	No.	%	No.	%
1	Space provision	92	100.0	18	100.0	27	100.0	15	100.0
2	Seating for users	56	60.9	10	55.6	10	37.0	4	26.7
3	Carrels for users	31	33.7	9	50.0	14	51.9	5	33.3
	Group study or meeting rooms								
4	Provision of materials								
5	Use of materials on the premises	92	100.0	18	100.0	25	92.6	14	93.3
5a	Borrowing privileges	87	94.6	16	88.9	25	92.6	15	100.0
6	Interlibrary loans (I.L.L.)	91	98.9	18	100.0	23	85.2	13	86.7
7	Photocopying (other than I.L.L.)	75	81.5	15	83.3	25	92.6	14	93.3
8	Production of microforms	--	--	--	--	--	--	--	--
	Preparing or arranging for translations	3	3.3	--	--	1	3.7	--	--
9	Provision of information								
10	Simple reference questions	92	100.0	18	100.0	27	100.0	15	100.0
11	Complex reference questions	90	97.8	15	83.3	19	70.4	9	60.0
12	State-of-the-art reviews	50	54.3	8	44.4	8	29.6	2	13.3
	Referral to experts or other sources	74	80.4	12	66.7	16	59.3	8	53.3
13	Bibliographic assistance								
14	Locating requested items within or outside the library	91	98.9	18	100.0	27	100.0	15	100.0
15	Verifying citations	83	90.2	15	83.3	22	81.5	9	60.0
16	Compiling bibliographies	76	82.6	13	72.2	19	70.4	8	53.3
17	Manual literature searches	85	92.4	17	94.4	24	88.9	15	100.0
18	Automated literature searches	47	51.1	7	38.9	2	7.4	1	6.7
19	Editorial assistance	32	34.8	1	5.5	4	14.8	2	13.3
	Informal instruction in methodology & bibliography	75	81.5	13	72.2	16	59.3	5	33.3

(cont'd)

Service number	Type of service	Professionals		Specialists		Library technicians		Clerical and other	
		No.	%	No.	%	No.	%	No.	%
20	Current awareness	76	82.6	14	77.8	20	74.1	11	73.3
21	Preparation of accessions lists	80	87.0	15	83.3	19	70.4	8	53.3
22	Informal current awareness	26	28.3	2	11.1	1	3.7	--	--
23	Automated selective dissemination of information (S.D.I.)	67	72.8	16	88.9	20	74.1	14	93.3
24	Routing periodicals	7	7.6	3	16.7	2	7.4	2	13.3
25	Indexing - newspapers	31	33.7	7	38.9	12	44.4	6	40.0
26	Indexing - other materials	1	1.1	3	16.7	2	7.4	1	6.7
27	Abstracting	63	68.5	13	72.2	16	59.3	9	60.0
	Routing tables of contents of periodicals								
28	User orientation	66	71.7	10	55.6	16	59.3	12	80.0
29	Provision of guides to library, collection & services	87	94.6	14	77.8	22	81.5	12	80.0
30	Instruction in use of library catalogues, services, tools, etc.	74	80.4	11	61.1	22	81.5	10	66.7
31	Promotion of library services	25	27.2	4	22.2	9	33.3	4	26.7
	Publications								

Table 5. Percentages of staff by size and qualification in hospitals of varying bed size

Staffing	NUMBER OF BEDS				
	Under 150 (n = 17)	150-299 (n = 29)	300-499 (n = 51)	500-699 (n = 28)	700 or more (n = 17)
<u>Size of Staff</u>					
0.5 - 1.9	88.2	62.1	68.6	35.7	11.7
2.0 - 4.9	11.8	37.9	27.5	53.6	47.1
5.0 or more	---	---	3.9	10.7	41.2
<u>Qualifications</u>					
Professionals	58.8	37.9	56.9	67.9	94.1
Other	41.2	62.1	43.1	32.1	5.9

Table 6. Services requested most often by users of Canadian hospital libraries

Service number	Type of Service	Responses	
		Number	Percent (n = 152)
	<u>Space provision</u>		
1	Seating for users	5	3.3
2	Carrels for users	1	0.7
3	Group study or meeting rooms	2	1.3
	<u>Provision of materials</u>		
4	Use of materials on the premises	41	27.0
5	Borrowing privileges	52	34.2
5a	Interlibrary loans (I.L.L.)	103	67.8
6	Photocopying (other than for I.L.L.)	48	31.6
7	Production of microforms	--	--
8	Preparing or arranging for translations	--	--
	<u>Provision of information</u>		
9	Simple reference questions	81	53.3
10	Complex reference questions	45	29.6
11	State-of-the-art reviews	4	2.6
12	Referral to experts or other sources	6	3.9
	<u>Bibliographic assistance</u>		
13	Locating requested items within or outside the library	67	44.1
14	Verifying citations	9	5.9
15	Compiling bibliographies	14	9.2
16	Manual literature searches	59	38.8
17	Automated literature searches	47	30.9
18	Editorial assistance	2	1.3
19	Informal instruction in methodology and bibliography	2	1.3
	<u>Current awareness</u>		
20	Preparation of accessions lists	2	1.3
21	Informal current awareness	13	8.6
22	Automated selective dissemination of information (S.D.I.)	--	--
23	Routing periodicals	30	19.7
24	Indexing - newspapers	--	--
25	Indexing - other materials	6	3.9
26	Abstracting	1	0.7
27	Routing tables of contents of periodicals	16	10.5
	<u>User orientation</u>		
28	Provision of guides to library, collection and services	4	2.6
29	Instruction in use of library catalogues, services, tools, etc.	11	7.2
30	Promotion of library services	--	--
31	Publications	--	--

Figure 1. Services provided by 90 percent or more of hospital libraries, by size of staff

Service number	Type of service	Staff Size				
		0.5 - 1.9	2.0 - 9.9	0.5 - 4.9	5 or more	
1	Space provision					
	Seating for users	x	x	x	x	
	Provision of materials					
4	Use of materials on the premises	x	x	x	x	
5	Borrowing privileges		x	x	x	
5a	Interlibrary loans (I.L.L.)	x	x	x	x	
	Provision of information					
9	Simple reference questions	x	x	x	x	
10	Complex reference questions		x		x	
	Bibliographic assistance					
13	Locating requested items within or outside the library	x	x	x	x	
14	Verifying citations		x		x	
15	Compiling bibliographies		x		x	
16	Manual literature searches		x		x	
19	Informal instruction in methodology & bibliography		x	x	x	
	Current awareness					
20	Preparation of accessions lists				x	
21	Informal current awareness				x	
	User orientation					
28	Provision of guides to library, collection & services				x	
29	Instruction in use of library catalogues, services, tools, etc.		x		x	
30	Promotion of library services				x	
	Number of services	5	11	7	15	

Figure 2. Services offered by 90 percent or more of hospital libraries in Canada, according to qualifications of staff

Service number	Type of service	Type of Staff					All other
		Professional	Specialist	Library technician	Clerical /other	Professional	
1	Space provision Seating for users	x	x	x	x	x	x
4	Provision of materials						
5	Use of materials on the premises	x	x	x	x	x	x
5a	Borrowing privileges	x		x	x	x	x
5a	Interlibrary loans (I.L.L.)	x	x			x	x
6	Photocopying (other than for I.L.L.)			x	x		x
9	Provision of information						
10	Simple reference questions	x	x	x	x	x	x
	Complex reference questions	x				x	
3	Bibliographic assistance						
3	Locating requested items within or outside the library	x	x	x	x	x	x
4	Verifying citations	x				x	
16	Manual literature searches	x	x		x	x	x
	Current awareness						
3	Routing periodicals				x		
29	User orientation						
29	Instruction in use of library catalogues, services, tools, etc.	x				x	
	Total services	10	6	6	8	10	8

Figure 3. Services offered by 90 percent or more of teaching and non-teaching hospital libraries in Canada

<u>Service number</u>	<u>Type of Service</u>	<u>Teaching hospital</u>	<u>Non-teaching hospital</u>	<u>Basic services</u>
1	<u>Space provision</u> Seating for users	x	x	x
4	<u>Provision of materials</u> Use of materials on the premises	x	x	x
5	Borrowing privileges	x	x	x
5a	Interlibrary loans (I.L.L.)	x	x	x
9	<u>Provision of information</u> Simple reference questions	x	x	x
10	Complex reference questions	x		
13	<u>Bibliographic assistance</u> Locating requested items within or outside the library	x	x	x
14	Verifying citations	x		
16	Manual literature searches	x	x	x
	Total services	9	7	7



CANADIAN HEALTH LIBRARIES ASSOCIATION
ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

MEMBERSHIP DUES

Operating expenditures have exceeded revenues derived from membership dues in each of the last three years. In spite of this fact, CHLA/ABSC has not had a membership fee increase since 1982.

In order to remain fiscally responsible, the Board of Directors at its meeting on February 14-15, 1986 voted to increase the annual membership fee to \$40.00, and the Bibliotheca Medica Canadiana subscription rate to \$50.00 per year. These new fees will become effective for the membership year June 1986 - May 1987.

A complete financial report including the detailed reasons for the increase will be prepared for the next issue of the BMC and for the Annual General Meeting in June.

Diana Kent
President



CANADIAN HEALTH LIBRARIES ASSOCIATION

ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE DU CANADA

CHLA/ABSC EDUCATION COORDINATOR

The CHLA/ABSC Education Committee encountered many communication difficulties because its members resided in widely separated areas of the country. The ten Chapter Presidents and their executives were polled by mail or by telephone and asked for their opinions and suggestions re: dissolving the Education Committee and replacing it with an Education Coordinator. The response was unanimous in favour of making this change.

Therefore, the Board of Directors at its meeting on February 14 - 15, 1986 voted to dissolve the Education Committee as of May 31, 1986, and to call immediately for volunteers for the position of Education Coordinator.

The Education Coordinator will be selected (not elected) by the Board from the membership, and will be an ex-officio, non-voting member of the Board of Directors. The Coordinator will be expected to attend and report to Board meetings in October, February and June of each year. Limited funding to attend will be provided for all but the June Board meetings (annual meeting). The Coordinator selected will be appointed for two years with a review of performance after one year.

The Education Coordinator will be responsible for:

1. Identifying the educational needs and concerns of membership.
2. Coordinating the educational activities of CHLA/ABSC.
3. Developing Canadian educational courses, programmes, syllabi, etc.
4. Planning CE courses with Chapters and the annual conference continuing education coordinator.

Operating funds will be budgeted to support these activities. Interested parties are asked to respond in writing by May 31, 1986 to:

Diana Kent, President CHLA/ABSC
Woodward Biomedical library
2198 Health Sciences Mall
University of British Columbia
Vancouver, B.C. V6T 1W5

Please include your continuing education experience and interests in your response. If further information is required, please contact the above: Phone number (604)228-5461. Envoy No. BCW - Attention D. Kent.

Figure 4. Services offered by 90 percent or more of Canadian hospital libraries, grouped by number of beds in the parent institution

Service number	Type of service	Number of beds					700 or more
		Under 150	150-299	300-499	500-699		
1	Space provision						
	Seating for users	x	x	x	x		x
4	Provision of materials						
5	Use of materials on the premises	x	x	x	x		x
5a	Borrowing privileges		x	x	x		x
6	Interlibrary loans (I.L.L.)	x	x	x	x		x
	Photocopying (other than for I.L.L.)		x				
9	Provision of information						
10	Simple reference questions	x	x	x	x		x
	Complex reference questions			x			x
13	Bibliographic assistance						
14	Locating requested items within or outside the library	x	x	x	x		x
15	Verifying citations						x
16	Compiling bibliographies						x
19	Manual literature searches		x	x	x		x
	Informal instruction in methodology & bibliography						x
21	Current awareness						
23	Informal current awareness						x
	Routing periodicals		x				
29	User orientation						
	Instruction in use of library catalogues, services, tools, etc.			x			x
30	Promotion of library services						x
Total services		5	9	9	7		14
							154

Figure 5. Services named by 20 percent or more of Canadian hospital libraries as being those most often requested by users

Service number	Type of service	Type of Staff				Size of Staff			Hospital Type	
		All	Prof.	Spec.	Lib. tech.	Cler.	0.5-1.9	2.0-9.9	Teaching	Other
4	Provision of materials									
5	Use of materials on the premises	x	x			x	x	x	x	x
5a	Borrowing privileges	x	x		x	x	x	x	x	x
6	Interlibrary loans (I.L.L.)	x	x	x	x	x	x	x	x	x
	Photocopying (other than for I.L.L.)	x	x	x	x	x	x	x	x	x
9	Provision of information	x	x	x	x		x	x	x	x
10	Simple reference questions	x	x	x		x	x	x	x	x
	Complex reference questions									
3	Bibliographic assistance									
	Locating requested items within or outside the library	x	x	x		x	x	x	x	x
6	Manual literature searches	x	x	x	x	x	x	x	x	x
17	Automated literature searches	x	x				x	x	x	
23	Current awareness									
	Routing periodicals			x	x	x	x			x
	Total services	9	9	7	6	9	10	9	9	9

USER SERVICES OFFERED BY SPECIAL LIBRARIES/INFORMATION CENTRES -- A SURVEY

1985

Please complete and return by April 15, 1985 if possible to B.L. Anderson, 175 Bronson Avenue, Apt. 601, Ottawa, Ontario K1R 6H2.

In completing the questionnaire, consider that a service is being provided if it is given an average of at least once a month (i.e. 12 or more times a year) to the library's authorized users.

- I. Place a tick in Column A if the service is available to your users from the staff of your library/information centre.

Place a tick in Column B if the service is available through your library/information centre BUT is provided by another library (e.g. a head office library) or by consultants, information brokers, etc.

	<u>A</u>	<u>B</u>	<u>Type of Service</u>
--	----------	----------	------------------------

Space provision

- | | | | |
|---|-----|-----|------------------------------|
| 1 | ... | ... | Seating for users |
| 2 | ... | ... | Carrels for users |
| 3 | ... | ... | Group study or meeting rooms |

Provision of materials

- | | | | |
|----|-----|-----|---|
| 4 | ... | ... | Use of materials on the premises |
| 5 | ... | ... | Borrowing privileges |
| 5a | ... | ... | Interlibrary loans |
| 6 | ... | ... | Photocopying (other than for I.L.L.) |
| 7 | ... | ... | Production of microforms |
| 8 | ... | ... | Preparing or arranging for translations |

Provision of information

- | | | | |
|----|-----|-----|--------------------------------------|
| 9 | ... | ... | Simple reference questions |
| 10 | ... | ... | Complex reference questions |
| 11 | ... | ... | State-of-the-art reviews |
| 12 | ... | ... | Referral to experts or other sources |

A B

Type of Service

Bibliographic assistance

- 13 Locating requested items within or outside the library
 14 Verifying citations
 15 Compiling bibliographies
 16 Manual literature searches
 17 Automated literature searches
 18 Editorial assistance
 19 Informal instruction in methodology & bibliography

Current Awareness

- 20 Preparation of accessions lists
 21 Informal current awareness notifications
 22 Automated selective dissemination of information
 23 Routing periodicals
 24 Indexing -- newspapers
 25 Indexing -- other materials
 26 Abstracting
 27 Routing tables of contents of periodicals

User Orientation

- 28 Provision of guides to library, collection & services
 29 Instruction in use of library catalogues, services, tools, etc.
 30 Promotion of library services
 31 Publications
 32 Other (specify)

II. Please list the numbers of the five services you are called upon to provide most frequently.

.....

III. In the spaces provided below, please give the number of staff in your library. Record each person in only one category, so that the sum of the numbers is the total of staff.

	<u>Number full-time</u>	<u>Number part-time</u>	
	30 hours/week or more	15-29 hrs.	Less than 15 hours
<u>Type of Staff</u>			
Librarians (i.e. with library science degrees)
Specialists (i.e. with subject but not library degrees)
Library technicians (i.e. graduates of a technician program)
Clerical assistants, typists, etc.
Other (specify)

THANK YOU!

* The Editors wish to thank the Council of Federal Libraries for allowing reproduction of their designated list of library services.

COMMENTS ON THE REPORT ON SERVICES OFFERED BY HOSPITAL LIBRARIES IN CANADA

Anitra Laycock**Director, Health Services Library
Halifax Infirmary**

The report on the survey of services provided by hospital libraries is one of a series of investigations of special library services in Canada undertaken by the author. The purpose of these surveys has been to determine whether core lists of services can be identified. A core list comprises those services provided by at least 90% of a study group. Core lists of the groups under investigation will be compared on completion of the study.

Since the investigation is designed to be comparative there has been little modification of the basic questionnaire to suit the hospital library milieu. For the same reason, results are expressed in terms which allow direct comparison with previous surveys in the series and may not always best represent levels of service available. This is not a study designed specifically with the hospital library in mind. Rather, hospital libraries form a readily identifiable group of special libraries which can be conveniently included in a comparative survey. Nor is this an in-depth survey. It is a simple checklist quite open to misinterpretation as the author freely admits.

Despite the above caveats, this would appear to be a very useful survey. A wide range of hospital libraries from across the country were included and a core of basic information has emerged whose reliability is attested by the consistency of responses. However, we must examine the results from their own viewpoint and interpret them in a manner which will best represent the hospital library environment.

Hospital libraries, more often than not, are low budget departments with a small staff in cost-conscious institutions, and have developed a reliance on external sources, within and without the hospital, to expand their range of services. The networks which have evolved, formally and informally, based primarily on medical school libraries, have allowed services such as complex reference and automated literature searching to be as integral a part of the hospital library service as interlibrary loan. Within the hospital it is not cost-effective to place a photocopier in every department so that in many small hospital libraries photocopying services are available, but indirectly, from a machine in another department or from a centralized service. Such indirect services, excluded from the survey core list must, I believe, be included in our analysis. In most tables and calculations of the report only directly offered services are included "in order to produce tables comparable to those in other survey reports." With the inclusion of indirect service, the core list of services provided by more than 90% of Canadian hospital libraries surveyed is increased from seven to nine by the addition of complex reference and non-I.L.L. photocopying.

Not discussed in the report, but of interest to hospital librarians, is the highly significant contribution of outside sources, primarily medical school libraries, to the provision of automated literature searches in the hospital library. Although only 36.8% of hospital libraries offer this service directly, an additional 46.1% are able to provide the service through another library. As a result a total of 82.9% of the libraries surveyed can provide on-line searches for their users and we can anticipate that this will become a core service of hospital libraries in the not too distant future.

Perhaps surprising to some of us must be our less than impressive performance in providing basic current awareness and user orientation services, particularly in view of the time we have devoted in recent years to discussing the provision of more sophisticated services such as clinical librarianship programs, LATCH, and consumer and patient education.

It is a disappointment that the opportunity was missed to examine core levels of service in relation to the hospital categories established in the **Canadian Standards for Hospital Libraries**. This would have provided valuable insight on their usefulness at a time when the standards are due for revision. Survey participants, provided with the category descriptions would have had little trouble assigning themselves. As it stands the survey goes no further than to reiterate what we already know: i.e. that bed size is not a reliable indicator for determination of library services.

Comparing the services most requested by users to the core list of services provided, the report concludes that "a fair number of libraries are not commonly supplying some of the more sophisticated reference and current awareness services that are wanted by their users". This conclusion is misleading, based as it is on a core list which excludes services which, in fact, are being provided - albeit indirectly. If, instead, a comparison is made between the nine core services we establish by including indirect services and the nine most requested services it is found that eight of the nine correspond. Automated literature searching was the one requested service not provided as a core service although we are certainly approaching that level. The core service provided but not featured among the top nine requested was, understandably, seating.

The routing of periodicals receives attention in the report as a requested need (ranked 10th) which is not being met. This is not a simple issue. In the hospital library the question of whether to route periodicals or contents pages or, selectively, both, depends on a number of factors. For a truer picture of the status quo one would like to be able to assess results of the combined question viz: - routing periodicals and/or tables of contents.

In conclusion, this report is of great service to us in establishing a minimum core of nine services which we can reasonably expect hospital libraries to provide. It is also clear that there are an additional seven services already provided by 80-89% of hospital libraries which we can all aim to provide. Other services, available to a lesser extent, are probably more dependent on the nature of the institution and on levels of staffing. A few services, such as the production of microforms, indexing of newspapers, and abstracting aroused little interest among providers or users.

REVIEW OF THE ANDERSON SURVEY

Margaret Taylor**Director of Library Services
Children's Hospital of Eastern Ontario**

Beryl Anderson's report on her survey of services offered by hospital libraries in Canada was of great interest to me from three different perspectives. First, I am a hospital librarian, and therefore am curious to know how my library's slate of services compares to the core list. As I am a professional librarian in a teaching hospital with a medium sized staff (4.75), I was glad to see that Miss Anderson had investigated the relationships between size of hospital, type of hospital, size of library staff and qualifications of library staff;... and number of services provided, because it made comparisons with libraries in similar institutions easier and more meaningful. The only correlation lacking from my point of view as a hospital librarian, was a comparison of specialty hospitals, e.g. pediatric, mental health, long-term care etc. with general hospitals. I would have like to know whether specialty hospitals have a greater range or concentration of services. It would also have been interesting to know whether the internal reporting structure (i.e. the place of the library within the hospital hierarchy) had any correlation with services provided. I suspect that libraries which report to the Administration through other departments such as Professional Development or Medical Records may place a different emphasis on certain services than libraries which operate as independent departments.

From my perspective as a doctoral student in library science, I was happy to see the methodology explained in some detail (many surveys fail to do this) and especially to see the library selection mechanism explained. Using hospital library directories to select subjects may have biased the sample somewhat in that the active Library Association members may have a different service orientation than those libraries which ignore all professional associations. However, I appreciated Miss Anderson's comments on her methodology and her candour about methodological problems with surveys, especially her misgivings about having been unable to include with her survey explanations and a list of definitions and the difficulties that arose from that omission. Indeed, I remember filling out Miss Anderson's questionnaire and wondering whether what she meant by state-of-the-art reviews was the same as my interpretation.

As a librarian researcher, I was also pleased that she chose to study hospital libraries because while hospital libraries seem to be often neglected in research of the special library community they are usually among the most productive (if not overworked) and innovative of service providers. From that standpoint, I might have preferred a more open-ended approach to questions on the types of services rather than the use of the same list of services from the C.F.L. survey. However, I appreciate the need to use the same list for comparative purposes.

Responding as an executive member of a hospital library association, I am excited about the prospect of using the results of this survey to develop basic library management courses for our members; to help our members identify standards in quality assurance programs, and to know what might be expected in accreditation surveys; and to use the results to lobby certain hospital administrators to supply the manpower and resources to their librarians in order to offer the 90% core list of services. I have

found that one of the most successful approaches in obtaining resources is to say "but almost all libraries do this... or have that..." I would like to see another survey focus on staffing, budget and equipment so that hospital librarians could develop a 90% core resources list as well.

In summary, I was pleased to receive Miss Anderson's report and will find many uses for it as a student, as a hospital library manager and as a library association executive. However, I think we should consider it as only the first step in a series of research projects on hospital librarianship. I would like to see the reasons for variations in the number of services offered investigated and would like to know why the '500-699 bed' group was an anomaly. I would like to know more about the availability in Canadian hospitals of those library services unique to the health environment such as bibliotherapy and consumer health education. Miss Anderson's study raises many issues for us to pursue within our association and within our individual libraries and hospitals.

* * * * *

CALL FOR PAPERS

End-user Searching will be the focus of **BMC**, Vol. 7, No. 5 for which the copy deadline is April 3, 1986. Readers are invited to submit articles on any aspect of this topic and, as always, are encouraged to wax lyrical upon health library information matters that might be of interest to members of C.H.L.A. Manuscripts are music in your editor's ears; keep them coming, please.

In preparation for Volume 8 readers are asked also to submit suggestions for theme issues. It is apparent that the response to single-focus issues has been excellent - two issues this year have gone out-of-print, despite the printing of additional copies - and the approach is also helpful to the editors. Please make your ideas known to Tom Flemming.

* * * * *

FROM THE HEALTH SCIENCES RESOURCE CENTRE

Marilyn E. Schafer
Head, Health Sciences Resource Centre

News and Notes

You will be hearing a male voice answer the phone frequently in H.S.R.C. from now until the fall. It belongs to Peter Le Roy who joined us on December 30, 1985 and will be replacing Dianne Kharouba when she goes on maternity leave in late February. We wish Dianne well and are pleased to welcome Peter to our staff.

The 15th Edition of **Canadian Locations of Journals Indexed in Medlars** is currently in preparation and will be ready for distribution in the late spring as usual. Sales of this publication have declined drastically even though we have made improvements to it. H.S.R.C. would appreciate hearing from anyone with comments about the list, as we shall seriously re-evaluate producing another edition should sales decline again this year.

MEDLARS SDI

Most MEDLARS Centres run AUTOSDI, automatic selective dissemination of information profiles for their own clientele, but those who are not Centres still have access to this personalized current awareness service through H.S.R.C. Via MEDLARS S.O.I. the latest references on the requested topic are received regularly and automatically.

The trained information specialists in the H.S.R.C. will construct, in consultation with you, a search profile consisting of key words, phrases, and author names which best describe your information requirements. The appropriate databases and the desired print formats are selected. The profile is matched against each update of your databases and print-outs are sent out monthly. There is no need for a computer terminal or knowledge of computer searching and the profile can be modified at any time to reflect changing information needs.

Databases available are:

MEDLINE, referred to as SDILINE for the S.O.I. service, this file contains biomedical references from journals published in the U.S. and in other countries.

HEALTH, (Health Planning and Administration) focuses on health planning, organization, financing, management, manpower and related subjects.

CANCERLIT (CANCER LITERature) is sponsored by the U.S. National Cancer Institute. It includes references to selected journals, monographs, meeting papers, reports and theses, all with English abstracts.

TOXLINE[®] (TOxicology OnLINE) contains references on human and animal toxicity studies, effects of environmental chemicals and pollutants, and adverse drug reactions. References are taken from a number of secondary sources including Chemical Abstracts and Biological Abstracts.

POPLINE (POPulation information OnLINE) covers population studies, family planning, and related health, legal and policy issues. References are selected from a number of different types of publications.

AVLINE (AudioVisuals OnLINE) contains records of the book and serial holdings of N.L.M. In addition to providing authoritative cataloguing information, it is a useful source of ordering information.

CATLINE^(h) (CATalog OnLINE) contains records of the book and serial holdings of N.L.M. In addition to providing authoritative cataloguing information, it is a useful source of ordering information.

Should you have any questions or comments on anything relating to the work of the H.S.R.C. call (613) 993-1604 or write to:

Health Sciences Resource Centre
Canada Institute for Scientific and
Technical Information
National Research Council Canada
Ottawa, Ontario K1A 0S2
Telex: 053-3115
Envoy 100: CISTI.HSRC

* * * * *

DU CENTRE BIBLIOGRAPHIQUE DES SCIENCES DE LA SANTÉ

Nouvelles

Une voix d'homme répondra souvent au téléphone du CBSS au cours des mois à venir. Cette voix appartient à Peter Le Roy qui s'est joint à nous le 30 décembre dernier afin de remplacer Dianne Kharouba qui nous quitte, encore une fois, pour un congé de maternité jusqu'à l'automne prochain. Nous félicitons Dianne et nous sommes heureux de compter Peter parmi nous.

La préparation de la 15e édition de la publication **Dépôts canadiens des revues indexées pour MEDLINE** est en cours et devrait paraître, comme d'habitude, à la fin du printemps. Les ventes de cette publication ont baissé massivement, même si son contenu a été amélioré. Le CBSS aimerait entendre vos commentaires au sujet de ce répertoire car nous allons réévaluer sérieusement la nécessité de produire cette publication si les ventes déclinent encore cette année.

MEDLARS SDI

La plupart des centres MEDLARS effectuent des AUTOSDI ou passent des profils de diffusion sélective automatique de l'information (DSI) pour leurs clients, mais ceux qui ne sont pas des centres ont quand même accès à ce service d'information courante par le CBSS. Par l'entremise du MEDLARS SDI, vous pouvez recevoir régulièrement et automatiquement les plus récentes références dans vos champs d'intérêts.

Les spécialistes en information du CBSS rédigent avec vous le profil de recherche, composé de mots-clés, de locutions et de noms d'auteurs, qui décrit le mieux vos besoins documentaires. Les fichiers et les formats d'impression appropriés sont choisis. Le profil est comparé aux mises à jour des fichiers choisis et vous recevez les sorties d'imprimante à tous les mois. Il n'est pas nécessaire d'avoir un terminal ou de connaître la recherche informatisée. De plus, votre profil peut être modifié à mesure que vos besoins documentaires évoluent.

Les bases de données disponibles:

MEDLINE: qu'on appelle aussi SDILINE quand il s'agit du service DSI, englobe des références tirées de revues biomédicales publiées aux États-Unis et dans d'autres pays.

HEALTH: le fichier Health Planning and Administration recense principalement les références sur la planification, l'organisation, la dotation, la gestion, le personnel des soins de santé, et autres questions connexes.

CANCERLIT: le fichier CANCER LITerature, parrainé par le U.S. National Cancer Institute (NCI), englobe des références à des revues, de même qu'à un choix de monographies, de comptes rendus, de rapports, d'exposés et thèses. Toutes les références ont un résumé en anglais.

TOXLINE: le fichier TOXicology Information OnLINE englobe des références à des études de la toxicologie chez l'homme et l'animal, les effets de substances chimiques et d'agents de pollution dans l'environnement, ainsi que sur les effets nocifs des médicaments. Les références sont puisées d'un nombre de sources de seconde main, dont les Biological Abstracts et les Chemical Abstracts.

POPLINE: le fichier POPulation Information OnLINE recense des études démographiques et de contrôle des naissances et les questions de santé, de droit et de politique connexes. Les références sont choisies dans divers genres de publication.

AVLINE: le fichier AudioVisuals OnLINE comprend les références aux audiovisuels conservés par la NLM.

CATLINE: le CATalog OnLINE contient les références de livres et des publications en séries, conservées par la NLM. En plus de fournir des information de catalogage qui font autorité, ce fichier est une source fiable d'information pour commander des ouvrages.

Si vous avez des questions ou des commentaires à formuler au sujet du travail du CBSS, veuillez téléphoner au (613) 993-1604 ou écrire à l'adresse suivante:

Centre bibliographiques des sciences
de la santé,
Institut canadien de l'information
scientifique et technique,
Conseil national de recherches Canada
Ottawa, Ontario K1A 0S2
No de téléc: 053-3115
Envoy 100: CISTI.HSRC

CHLA CONFERENCE - June 15-18, 1986

The 10th Annual Meeting of the CHLA will be held in Montreal, Quebec.

Montreal was founded in 1535 by Jacques Cartier, and is located on an island in the St. Lawrence River.

The city's mayor, Jean Drapeau, put Montreal in the limelight by bringing Expo '67 and the 1976 Olympic Games to it.

When visiting Montreal, you will find there are many things to do and see. Are you a gourmet? There are restaurants to suit every budget and palate. If shopping is your thing, Montreal is THE place for you: there are many boutiques displaying everything from nuts and bolts to the latest fashions.

Your stay will not be complete without a visit to Old Montreal which is famous for its historic sites and restaurants. You should also see Notre-Dame Cathedral and Saint Joseph's Oratory. Mount Royal promises a spectacular view of the downtown area.

For museum goers, may we suggest the Montreal Museum of Fine Arts, the Chateau Ramzay and the McCord Museum?

The International Fireworks Competition is scheduled to take place May 23 to June 19, 1986, and the Penjing and Bonsai Collection of the Montreal Botanical Gardens will be opened to the public.

We hope you will enjoy your stay!

* * * * *

La 10eme Assemblée Annuelle de l'ABSC aura lieu à Montréal, Québec du 15 au 18 juin 1986.

Fondée par Jacques Cartier en 1535, la ville de Montréal est située sur une île dans le fleuve Saint-Laurent.

Grâce aux efforts déployés par son maire, Jean Drapeau, Montréal a acquis une renommée mondiale quand l'Expo '67 et les Jeux Olympiques de 1976 y ont eu lieu.

Lors de votre visite, vous trouverez qu'il y a une foule de choses à faire et à voir. Êtes-vous un gourmet? Il y a des restaurants pour satisfaire tous les goûts et tous les budgets. Si vous aimez faire les magasins, vous serez bien servi(e) car Montréal a une multitude de boutiques.

Vous ne pourrez prétendre bien connaître la ville si vous ne visitez pas le Vieux-Montréal, réputé pour ses sites historiques et ses restaurants. L'Église Notre-Dame et l'Oratoire Saint-Joseph sont deux monuments à ne pas manquer. Vous pourrez aussi admirer la vue du centre-ville du haut du Mont-Royal.

Pour les amateurs de musées, peut-on suggérer le Musée des Beaux-Arts, le Chateau Ramzay et le Musée McCord.

Le Concours International de Feux d'Artifices aura lieu à Montréal du 23 mai au 19 juin 1986, et la Collection Penjing et Bonsai du Jardin Botanique sera ouverte au public.

CANADIAN HEALTH LIBRARIES ASSOCIATION/L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE

PRELIMINARY PROGRAM

10TH ANNUAL MEETING
June 15-18, 1986

Place: Holiday Inn, 420 Sherbrooke W., Montreal, Quebec

Theme: In Pursuit of Excellence

Saturday June 14, 1986

13:00 - 18:00 Board of Directors Meeting

Sunday June 15, 1986

08:00 - 09:00 Registration

CONTINUING EDUCATION COURSES

09:00 - 16:00 CE 10 Achieving Excellence
Chuck Reaves
Career Track, Atlanta, Ga.

08:30 - 17:00 CE 11 Designing Online Education for Medical End-Users
Bonnie Snow
Dialog Biomedical Information Specialists,
Philadelphia, Pa.

17:30 - 18:30 Registration

18:00 - 20:00 Welcoming Reception - Atrium, Maison Alcan

Monday June 16, 1986

08:00 - 17:00 Registration

09:00 - 09:15 Welcome
Hanna Waluzyniec, Conference Chairperson
Diana Kent, CHLA/ABSC President
Dr. R.L. Cruess, Dean, Faculty of Medicine
McGill University

Session I IN SEARCH OF EXCELLENCE IN HEALTH CARE

09:15 - 10:00 Keynote Address:
Legal and Ethical Imperatives - Impediments or Safeguards?
Professor Margaret A. Somerville
McGill University

10:00 - 10:30 Exhibits Opening
Coffee/Juice served in Salon D

10:30 - 11:45

AIDS: An information perspective
Dr. Norbert Gilmore, Chairman
National Advisory Committee on AIDS

Ethical Issues in Librarianship
Professor Bruce Cook, Ph.D.
Laval University

11:45 - 13:30

Lunch

13:30 - 15:00

Invited Papers (15-20 minutes each)

Career Change: One Librarian's Perspective
Kathryn Vaughn, Director
Ambulatory Services, Montreal General Hospital

The Osler Library: A Collection and a Context
Faith Wallis, Ph.D., History of Medicine Librarian
Osler Library, McGill University

Tokyo, 1985 - A Report on the 5th International
Congress on Medical Librarianship
Frances Groen
Life Sciences Area Librarian, McGill Library

Description des objectives et de l'évolution du réseau des bibliothèques de santé de la région saguenay Lac St. Jean
Danielle Saucier, Bibliotechnicienne
Bibliothèque médicale institut Roland Saucier
Chicoutimi, Quebec

15:00 - 15:30

Coffee/Juice in Exhibit Area

Session II

ISSUES IN TECHNOLOGY

15:30 - 17:00

Optical Disc and its Applications
Roddy Duchesne
Senior Network Officer, Office of Network Development
National Library of Canada

Optical Disc Demonstration (tentative)

Bibliofiches
James Watts

18:00 -

Banquet - La Tour Doree Restaurant

Tuesday June 17, 1986

08:00 - 17:00

Registration

Session III

ISSUES IN MANAGEMENT

09:00 - 10:00

The Value of Library Services
Defence Strategies During Cutbacks
Donald W. King, President
King Associates Inc., Rockville, Maryland

10:00 - 10:30

Coffee/Juice in Exhibit Area

Session IV**ISSUES IN CLIENT SERVICES**

10:30 - 10:45

Le role du groupe d'interet des bibliotheques de la sante de l'ASTED

Louise Deschamps, Hôpital Notre Dame
Présidente du groupe d'intérêt des bibliothèques de la
santé de l'association pour l'avancement des sciences et
des techniques de la documentation

10:45 - 12:15

PANEL ON END USER SEARCHING

Moderator - Dorothy Fitzgerald
Director, Health Sciences Library, McMaster University

The Database Vendor's Perspective
Julie Quain, BRS/Saunders Colleague

The Gateway: a new online development
Alain Slakmon, INET, Telecom Canada

The End User's Perspective
Speaker to be announced

The Librarian's Perspective
Michael Tennenhouse, University of Manitoba

Results of C.H.L.A. Questionnaire
Joanne Marshall

12:15 - 13:45

Lunch

13:45 - 14:00

Door Prize Drawing

14:00 - 15:00

Annual General Meeting

15:00 - 15:15

Coffee/Juice Break

15:15 - 16:15

CISTI Update

Wednesday June 18, 1986**CONTINUING EDUCATION COURSES**

09:00 - 17:00

CE 12 Software evaluation

09:00 - 12:00

MEDLINE: An advance Strategy Seminar
Susanne Maranda
CISTI, Ottawa

09:00 -

Board of Directors Meeting

L'ASSOCIATION DES BIBLIOTHEQUES DE LA SANTE

PROGRAMME PROVISOIRE

10e ASSEMBLEE ANNUELLE
DU 15 AU 18 JUIN, 1986

Lieu: Holiday Inn, 420 Sherbrooke O., Montreal, P.Q.

Theme: A la poursuite de l'excellence

Samedi 14 juin, 1986

13:00 - 18:00 Reunion du conseil d'administration

Dimanche 15 juin, 1986

08:00 - 09:00 Inscription

COURS DE FORMATION PROFESSIONNELLE

- 09:00 - 16:00
1. Réalisation de l'excellence
Chuck Reaves
Career Track, Atlanta, Ga.
 2. Planifier l'enseignement par l'utilisateur médical
Bonnie Snow
Dialog Biomedical Information Specialists
Philadelphia, Pa.

17:30 - 18:30 Inscription

18:00 - 20:00 Reception - Atrium, Maison Alcan

Lundi 16 juin, 1986

08:00 - 17:00 Inscription

09:00 - 09:30 Discours de bienvenue
Hanna Waluzyniec, Présidente de la conférence
Diana Kent, Présidente de L'ABSC/CHLA
Dr. R.L. Cruess, Doyen de la faculté de médecine
Université McGill

Session I A LA RECHERCHE DE L'EXCELLENCE DANS LES SOINS DE LA SANTE

09:30 - 10:00 Conférencier d'honneur
Les obligations d'ordre moral et légal -
des obstacles ou des garanties
Professeur Margaret A. Somerville
Université McGill

10:00 - 10:15 Questions

- 10:15 - 11:00 Ouverture de l'exposition
Café/jus offerts au Salon D
- 11:00 - 11:30 SIDA: séance d'information
Dr. Norbert Gilmore
Président du comité consultatif national sur la SIDA
- 11:30 - 11:45 Questions
- 11:45 - 13:30 Diner
- 13:30 - 15:00 Conferenciers invites (15-20 minutes chacun)
- Changement de carrière: point de vue d'une bibliothécaire
Kathryn Vaughn
Directeur, Services Ambulatoires
Hôpital Général de Montréal
- Histoire de la médecine à la bibliothèque Osler
Faith Wallis, Ph.D.
Bibliothèque Osler, Université McGill
- Rapport de la 5e conférence CIBM à Tokyo en 1985
Frances Groen
Bibliothèque des Sciences de la Vie, Université McGill
- Autres - a venir
- 15:00 - 15:30 Café/jus au salon des exposants

Session II**LE POINT EN TECHNOLOGIE**

- 15:30 - 16:00 Les disques optiques et leur applications
Roddy Duchesne
Agent supérieur de réseaux
Bureau de développement des réseaux
Bibliothèque Nationale du Canada
- 16:00 - 16:15 Questions
- 16:15 - 17:00 Démonstration des disques optiques (provisoire)
- 18:00 - Banquet - Restaurant La Tour Dorée

Mardi 17 juin, 1986

- 08:00 - 17:00 Inscription

Session III**LE POINT EN GESTION**

- 09:00 - 09:45 Importance des services de la bibliothèque
L'autodifense en période de restrictions budgétaires
Donald W. King
Président, King Associates Inc.
Rockville, Maryland

09:45 - 10:00

Questions

10:00 - 10:30

Café/jus au salon des exposants

Session IV**LE POINT SUR LES SERVICES A LA CLIENTELE TABLE-RONDE SUR
L'INTERROGATION DES SYSTEMES**

10:30 - 11:30

1. Président d'assemblée
Dorothy Fitzgerald
Directrice de la Bibliothèque des sciences de la santé
Université McMaster
2. Point de vue d'un vendeur de bases données
Julie Quain
BRS/Saunders Colleague
3. Les logiciels de communication à valeur ajoutée: une
nouauté en téléconférence
Alain Slakmon
INET, Telecom Canada
4. Résultat du questionnaire de l'ABSC
Joanne Marshall
5. Point de vue de l'utilisateur ultime
Conférencier sera annoncé

Questions

11:30 - 12:00

Causerie en français

12:15 - 13:45

Diner

13:45 - 14:00

Tirage du prix de présence

14:00 - 15:00

Assemblée Générale Annuelle

15:00 - 15:15

Café/jus

15:15 - 16:15

Nouvelles de l'ICIST

Mercredi 18 juin, 1986**COURS DE FORMATION PROFESSIONNELLE**

09:00 - 17:00

1. Evaluation du logiciels
Conférencier sera annoncé

09:00 - 12:00

2. MEDLINE: séminaire de recherche avancé
Susanne Maranda
CISTI, Ottawa

09:00 -

Reunion du conseil d'administration

MANITOBA NEWS

Natalia Pohorecky

Isobel Steedman, one of the founders of the Manitoba Health Libraries Association, retired as Librarian of the Manitoba Cancer Treatment and Research Foundation Library, in November, 1984. Among the receptions honoring Isobel, was the Manitoba Health Libraries Association social event held on June 27, 1985, upon Isobel's return from a holiday in Scotland. At this special occasion the Association expressed its genuine appreciation of Isobel's numerous and valuable contributions to the founding and subsequent success of the Association.

Ada Ducas, formerly Reference Librarian at the Science Library, University of Manitoba, started her new job as Director of Educational Resources and Library Services at the Health Sciences Centre, on October 28, 1985. She succeeds Barbara Greeniaus, who had accepted the position of Director of Public Library Services, Manitoba, as of August 1, 1985.

Susan Rogers, formerly Reference Librarian at the Manitoba Department of Health Library, was appointed to the newly created part-time position of Librarian at the Manitoba Labour Board, starting July 2, 1985.

Leone Banks, Librarian/Administrative Assistant of Nursing Education at the St. Boniface Hospital School of Nursing, graduated in May, 1985, with a diploma from a two-year course in Health Services Management offered by the Canadian Hospital Association in Ottawa.

Love Negrych, Cataloguer, Medical Library, University of Manitoba, received her Bachelor of Fine Arts degree from the University of Manitoba, in May, 1985.

Copies of the 1985 edition of the Manitoba Health Libraries Association Union List of Selected Serials are still available. (New editions are issued every two years). This list consists of the holdings of eighteen health libraries in Manitoba and includes over 1000 serials titles. Cost is \$10 for contributing M.H.L.A. members, \$20 for non-contributing M.H.L.A. members, and \$25 for non-members. Cheques should be made payable to the Manitoba Health Libraries Association and all correspondence addressed to Helene Proteau, Extension Librarian, Medical Library, University of Manitoba, 770 Bannatyne Avenue, Winnipeg, Manitoba R3E 0W3.

BIBLIOTHECARIII MEDICINAE FENNIAE RY

Terttu Soini

President

Bibliothecarii Medicinae Fenniae ry

The republic of Finland is a small country in Northern Europe with 4.9 million inhabitants. It is situated in Scandinavia between Sweden and the Soviet Union, with an area of 337,000 square kilometers and with approximately 150,000 lakes. It is a Western industrialized country with high living and social welfare standards. The World Health Organization has chosen Finland as a model country for health care. The infant mortality is the lowest in the world.

These facts are also a challenge for the medical libraries in the country. The libraries and their networks are traditionally good. Both the research and public libraries have always cooperated with each other and have also forged strong international bonds.

THE ASSOCIATION OF FINNISH MEDICAL LIBRARIANS

The idea of establishing an association of Finnish medical librarians was brought up in Belgrad, Yugoslavia in the autumn of 1980, by the Finnish participants of the 4th International Congress of Medical Librarianship. The congress proved - once again - the significance of international cooperation. Thus, the Finnish association was from the very beginning internationally orientated although the national and Scandinavian activities are of course of primary importance.

A task force was established to plan and prepare the association, and as a result of this, in November 1980, 25 medical librarians gathered for a constitutive meeting. The association chose a Latin name, Bibliothecarii Medicinae Fenniae (B.M.F.), to make the international connections easier, and it was officially registered the following spring. Since the autumn of 1981, the association has been a member of the International Federation of Library Associations (IFLA). B.M.F. is also a member of the following sections of IFLA: Biological and Medical Sciences Libraries, Classification and Subject Cataloging, Information Technology and Serial Publications.

A board comprising a chairperson and four members - each of them elected for two years - manages the activities of the association. The board elects one of the board members to be the vice-chairperson; other members serve as secretary and treasurer.

GOALS

The aim of B.M.F. is to be a link between the personnel in medical libraries in Finland. This is done by developing medical libraries, the professional skills of the library personnel and by making the medical libraries known. On the operational level, the goals are strived for by training, informing and publishing, by arranging meetings, by moving motions and making statements and by co-operating at the international level.

FIVE YEARS OF ACTIVITY

By the autumn of 1985 the association had existed for five years. Members now number more than 70 and come from 14 places in the country. They are librarians in universities, research institutions, hospitals, private enterprise and civil service departments. The majority of members have an academic degree.

In addition to the statutory meeting in spring and autumn, other meetings, visits, seminars and educational courses have been organized. The themes have been acquisitions, hospital libraries, medical publishers, inter-library loans and new information technology; in short, all areas of medical librarianship. Education has focused on cataloguing, indexing and classification of medical literature. These topics will be updated and repeated at intervals in the future.

INTERNATIONAL CO-OPERATION

For B.M.F., international co-operation began with a visit by Swedish hospital librarians in 1981. The association initiated a Scandinavian meeting, and the Norwegians did an excellent job in arranging it in Oslo, Norway in the autumn of 1984. The abstracts of this meeting were published this year.

An authorized representative of B.M.F. has participated in IFLA meetings in Munchen, Germany (1983) and Chicago, Illinois, U.S.A. (1985). B.M.F. has named a representative of its own to the Biological and Medical Sciences Libraries Standing Committee. She participated in the preparation of the 5th International Congress of Medical Librarianship in Tokyo, Japan in 1985.

PUBLICATIONS

Membership letters have been the most important media for distributing information among the members of the association, and advertisements in library journals have also been used.

A major achievement of the young association has been the publication of two books during the four first years. The first of them is a guide book for medical librarians and their clients. The second one deals with indexing of medical literature, N.L.M.'s Medical Subject Headings being its basis. These books are written in Finnish and thus fill a need for Finnish sources of information in medical librarianship.

LOOKING FORWARD TO THE FUTURE

The first five years of *Bibliothecarii Medicinae Fenniae* have clearly shown the value of organization of medical librarians in Finland. The Association's activities have rapidly grown, and a firm identity has been developed. The number of members is continuously growing, and the 2nd Scandinavian meeting is being planned. By actively showing what is done in medical libraries, a knowledge of medical librarianship has increased among library clients and society as a whole.

TOOLS FOR PEACE - LIBRARY PROJECT

A group of librarians in Edmonton are co-ordinating a project to raise funds to support library service in Nicaragua.

The project is to purchase and ship to the National Cataloguing Centre of Nicaragua six copies of the Spanish Language subject headings, **Lista de Encabezamientos de Materia para Bibliotecas** 2nd edition, 1985 (LEMB II).

The National Cataloguing Centre of Nicaragua orders, receives, catalogues and distributes library materials to the National Library and forty-six public libraries throughout the country. There are six cataloguers who require copies of LEMB II.

The Government of Nicaragua has placed a high priority on the creation of libraries and improving the literacy of the people. However, funds available for the purchase of library materials are limited.

Maryon McClary, on leave from the Herbert T. Coultts Library at the University of Alberta, Edmonton, is currently working for the National Cataloguing Centre of Nicaragua. She has suggested the subject headings project as one that would be of very real and practical value to her colleagues in Nicaragua.

It is estimated that \$1500 (Canadian) is needed to purchase and ship LEMB II to Nicaragua. We hope that this will mark the beginning of an ongoing program of Canadian support for libraries in Nicaragua.

Donations for the subject heading project are being accepted through Tools for Peace.* Tools for Peace, sponsored by Oxfam, is a volunteer, non-profit organization working to send aid to the country of Nicaragua.

If you would like to support this project, please send your donation to:

Tools for Peace
c/o Barb Clubb
1901, 11135 - 83 Avenue
Edmonton, Alberta
T6G 2C6

Make cheques payable to "Tools for Peace - Library Project".

* All donations over \$15.00 will receive a tax receipt.

I am donating _____ to the Tools for Peace - Library Project.

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